

FILED APR 28 1955

STANDARD CERTIFICATE OF DEATH

State File No. 13987

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 3579 | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Mo. | | c. LENGTH OF STAY (in this place) 6 Yrs. 7 Mo. | | c. CITY OR TOWN St. Louis, | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Chronic Hospital. | | | | e. STREET ADDRESS (If rural, give location) 5800 Arsenal Street. 21390 | | | |
| 3. NAME OF DECEASED (Type or Print) Annie | | a. (First) | | b. (Middle) Walden | | c. (Last) | |
| 4. DATE OF DEATH April-15-55 | | 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW | |
| 8. DATE OF BIRTH July 14, 1868. | | 9. AGE (In years last birthday) 86 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | | 11. BIRTHPLACE (City and State or Foreign Country) Tenn. | |
| 12. CITIZEN OF WHAT COUNTRY? | | 13a. FATHER'S NAME Samuel D Mc Call | | 13b. MOTHER'S MAIDEN NAME Mary Englin | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) --- | | 16. SOCIAL SECURITY NO. --- | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hospital Records 5800 Arsenal St. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH Yrs. Yrs. | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | 21d. HOW DID INJURY OCCUR? 4200 | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 22. I hereby certify that I attended the deceased from Sept. 9, 1948, to April 15, 1955, that I last saw the deceased alive on April 14, 1955, and that death occurred at 4:10 A.M., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE George M. Janaki, M.D. | | 23b. ADDRESS 5800 Arsenal Street | | 23c. DATE SIGNED 4/15/55 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation | | 24b. DATE 4-23-55 | | 24c. NAME OF CEMETERY OR CREMATORY City Crematory | | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri | |
| DATE REC'D BY LOCAL REG. APR 22 1955 | | REGISTRAR'S SIGNATURE J. Earl Smith, M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE J. Ryan | | ADDRESS 5800 Arsenal St. | |

3. p. (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.